

# Medicare State Operations Manual

## Chapter 9 - Exhibits

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### Exhibits









#### How to use this page:









The exhibits are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF format. Also, a zipped file containing MSWord files for the exhibits shown here can be downloaded by using the button at the end of the list.

To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers.











Exhibits contain:














- Model language for correspondence and notices,
  - Reporting formats and worksheets, or
  - Supplemental guides for instruction in the SOM chapters or the Appendices
- Exhibits which are also forms are maintained on the CMS Forms page, and can be accessed from the following list. The related link below will take you to the CMS Forms Page, from where you may access the form by form number. You may view and/or print the form from there.





















| Exhibit | Description   | Download  |
|---------|---|---|
| 1A      | Model Letter Transmitting Materials to Providers  |  <a href="#">23 KB</a> |
| 1B-1    | Model Letter Transmitting CLIA Application and CMS-855 to Laboratories  |  <a href="#">23 KB</a> |
| 1B-2    | Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories   |  <a href="#">20 KB</a> |
| 1B-3    | Initial Forms Required by Laboratories for CLIA Registration  |  <a href="#">21 KB</a> |
| 1C      | Model Letter Transmitting Forms to Persons Furnishing Portable X-Ray Services   |  <a href="#">15 KB</a> |
| 1D      | Model Letter Transmitting Materials to Rural Health Clinics   |  <a href="#">20 KB</a> |
| 1E      | Model Letter to Operational ESRD Facility Requesting Initial Approval   |  <a href="#">23 KB</a> |
| 1F      | Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice |  <a href="#">17 KB</a> |










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| 2        | Assurance of Compliance with the Department of Health and Human Services Regulations Under Title VI of the Civil Rights Act of 1964, HHS-441 |  <a href="#">61 KB</a>       |
| 3        | Expression of Intermediary Preference  |  <a href="#">15 KB</a>       |
| 4        | Health Insurance Benefits Agreement, CMS-1561  |  <a href="#">CMS Forms</a>   |
| 4B       | Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)  |  <a href="#">CMS Forms</a>   |
| 5        | Statement of Financial Solvency, CMS-2572  | Deleted   |
| 6        | Ownership and Control Interest Disclosure Statement, CMS-1513  | Deleted   |
| 6 Errata | Errata Sheet to Ownership and Control Interest Disclosure Statement, CMS-1513  | Deleted   |
| 7        | Statement of Deficiencies and Plan of Correction, CMS-2567   |  <a href="#">CMS Forms</a>   |
| 7A       | Principles of Documentation  |  <a href="#">393 KB</a>      |
| 8        | Post-Certification Revisit Report, CMS-2567B   |  <a href="#">CMS Forms</a>   |
| 9        | Medicare/Medicaid Certification and Transmittal, CMS-1539  |  <a href="#">CMS Forms</a> |
| 10       | Certification and Transmittal Spell of Illness Supplement, CMS-1539A   | Not Yet Available   |
| 12       | Survey Report Form (CLIA), CMS-1557  |  <a href="#">CMS Forms</a> |
| 14A      | Hospital Survey Report - Crucial Data Extract, CMS-1537E   |  <a href="#">42 KB</a>     |
| 14B      | Fire Safety Survey Report - Crucial Data Extract, CMS-2786E  | Not Yet Available   |
| 14C      | Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E   | Not Yet Available   |
| 14D      | Home Health Agency Survey and Deficiencies Report, CMS-1572  | Deleted   |
| 14H      | Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E  | Not Yet Available   |
| 14I      | End-Stage Renal Disease Survey Report - Crucial Data Extract, CMS-3427E  |  <a href="#">42 KB</a>     |
| 14J      | Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E  | Not Yet Available   |

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| 14K | Intermediate Care Facility - Mentally Retarded Survey Report-Crucial Data Extract, CMS-3070B(E)   | Not Yet Available   |
| 14L | Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E  | Not Yet Available   |
| 14M | Therapist in Independent Practice - Crucial Data Extract, CMS-3042E   | Not Yet Available   |
| 14O | Hospice Survey Report - Crucial Data Extract, CMS-449E  | Not Yet Available   |
| 15  | Regional Office Request for Additional Information, CMS-1666  |  <a href="#">CMS Forms</a>   |
| 16  | Model Letter to Psychiatric Hospital Requesting Data for Presurvey Review for CMS Surveyors   | In Process<br>(May be deleted)  |
| 21  | Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856 |  <a href="#">CMS Forms</a>   |
| 22  | Physical Therapist in Independent Practice Request for Certification, CMS-262   |  <a href="#">88 KB</a>       |
| 23  | Model Letter Notifying Physical Therapists of a Scheduled Survey of Their Office(s) After Eligibility Determined                                    |  <a href="#">30 KB</a>      |
| 24  | Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice                            |  <a href="#">21 KB</a>     |
| 25  | Model Letter to Rural Health Clinic Regarding Scheduling a Survey   |  <a href="#">30 KB</a>     |
| 26  | Model Letter to Rural Health Clinic Ineligible to Participate   |  <a href="#">22 KB</a>     |
| 27  | Model Letter to Previously Approved Facility Requesting Approval to Expand or Add a New ESRD Service  |  <a href="#">23 KB</a>     |
| 30  | Model Letter to Facility Returning Application not Accompanied by Required Certificate of Need  |  <a href="#">21 KB</a>     |
| 31  | End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427   |  <a href="#">CMS Forms</a> |
| 32  | Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard                       |  <a href="#">25 KB</a>     |
| 33  | Request for Validation of Accreditation Survey, CMS-2802  |  <a href="#">CMS Forms</a> |

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| 35 | Survey Material (Attachment for Model Letters, Exhibits 37, Listing Documents Requested for Validation Surveyor's Inspection)   |  <a href="#">32 KB</a>       |
| 36 | Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals) | Not Yet Available   |
| 37 | Model Letter Announcing Sample Validation Survey to Accredited Hospital   |  <a href="#">21 KB</a>       |
| 38 | Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply  |  <a href="#">20 KB</a>       |
| 39 | Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply  |  <a href="#">20 KB</a>       |
| 41 | State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination   |  <a href="#">24 KB</a>       |
| 42 | Orientation Program for the Newly Employed Health Facility Surveyor   |  <a href="#">35 KB</a>       |
| 45 | State Agency Budget Expenditure Report, CMS-435   | Not Yet Available   |
| 47 | State Agency Budget List of Positions, CMS-1465A  | Not Yet Available   |
| 52 | State Survey Agency Certification Workload Report, CMS-434  | Not Yet Available   |
| 54 | State Agency Schedule for Equipment Purchases, CMS-1466   | Not Yet Available   |
| 56 | Identification of Extension Units of OPT/OSP Providers, CMS-381   |  <a href="#">CMS Forms</a> |
| 57 | Model Letter Requesting Identification of Extension Units   |  <a href="#">17 KB</a>     |
| 58 | Example of a Regular Disallowance Letter  |  <a href="#">25 KB</a>     |
| 59 | Example of a Deferral Letter  |  <a href="#">19 KB</a>     |
| 60 | Example of a Disallowance Letter for Amounts Previously Deferred  |  <a href="#">32 KB</a>     |
| 61 | Example of an Audit Disallowance Letter   |  <a href="#">27 KB</a>     |
| 62 | Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal   | Deleted   |
| 63 | List of Documents in Certification Packets (Initial Certifications Include Initial Denials)   |  <a href="#">694 KB</a>    |

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| 64  | Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377  |  <a href="#">CMS Forms</a>   |
| 65  | Health Insurance Benefits Agreement, CMS-370   |  <a href="#">CMS Forms</a>   |
| 69  | Certification Recommendation - CLIA Laboratory, CMS-197  | Not Yet Available   |
| 71  | Fire Safety Survey Report - Short Form, CMS-2786C  | Not Yet Available   |
| 72  | Hospice Request for Certification in the Medicare Program, CMS-417   |  <a href="#">CMS Forms</a>   |
| 73  | State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437  |  <a href="#">CMS Forms</a>   |
| 74  | Survey Team Composition and Workload Report, CMS-670   | Not Yet Available   |
| 75  | Medicare/Medicaid Complaint Form, CMS-562  |  <a href="#">CMS Forms</a>   |
| 76  | Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services |  <a href="#">21 KB</a>       |
| 77  | Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services       |  <a href="#">18 KB</a>     |
| 79  | Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices   |  <a href="#">78 KB</a>     |
| 80  | Intermediate Care Facility for the Mentally Retarded Survey Report, Form CMS-3070G   |  <a href="#">CMS Forms</a> |
| 81  | Model Letter Transmitting Materials To A Hospital Requesting Swing-Bed Approval  |  <a href="#">28 KB</a>     |
| 82  | Model Letter Notification to a Hospital Regarding Scheduling an Initial Survey for Swing-Bed Approval  |  <a href="#">29 KB</a>     |
| 83  | Model Letter Approval Notification For Swing-Bed In A Hospital   |  <a href="#">17 KB</a>     |
| 83B | Model Letter - Denial For Swing-Bed Approval In A Hospital   |  <a href="#">14 KB</a>     |
| 84  | ESRD Facility Survey Report Form - Addendum, CMS-3427A   | Not Yet Available   |

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| 85  | Long Term Care Facility Application for Medicare and Medicaid, CMS-671   |  <a href="#">CMS Forms</a>   |
| 87  | Extended/Partial Extended Survey Worksheet, CMS-673  |  <a href="#">CMS Forms</a>   |
| 88  | Medication Pass Worksheet, CMS-677   |  <a href="#">CMS Forms</a>   |
| 89  | Offsite Survey Preparation Worksheet, CMS-801  |  <a href="#">CMS Forms</a>   |
| 91  | General Observations of the Facility, CMS-803  |  <a href="#">CMS Forms</a>   |
| 92  | Kitchen/Food Service Observation, CMS-804  |  <a href="#">CMS Forms</a>   |
| 93  | Resident Review Worksheet, CMS-805   |  <a href="#">CMS Forms</a>   |
| 94  | Quality of Life Assessment, CMS-806 A, B, and C  |  <a href="#">CMS Forms</a>   |
| 95  | Surveyor Notes Worksheet, CMS-807  |  <a href="#">CMS Forms</a>   |
| 96  | OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)   | Not Yet Available   |
| 103 | Instructions for the Home Health Functional Assessment Instrument  |  <a href="#">242 KB</a>      |
| 104 | Consent For Home Visit, CMS-36   |  <a href="#">CMS Forms</a> |
| 105 | State Test Administration Plan   |  <a href="#">123 KB</a>    |
| 106 | Laboratory Personnel Report (CLIA), CMS-209  |  <a href="#">CMS Forms</a> |
| 107 | Request for Validation Survey of Laboratory, CMS-2802A   |  <a href="#">CMS Forms</a> |
| 108 | Laboratory Authorization Form  |  <a href="#">80 KB</a>     |
| 110 | Compliance Warning Letter - Failure to Apply for Certificate   |  <a href="#">7 KB</a>      |
| 111 | Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction                                  |  <a href="#">76 KB</a>     |
| 112 | Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance  |  <a href="#">78 KB</a>     |
| 113 | Model Letter - CLIA Requirements Not Met - Immediate Jeopardy  |  <a href="#">23 KB</a>     |
| 114 | Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information |  <a href="#">76 KB</a>     |

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| 115 | Model Letter - Change of Ownership - Laboratories  |  <a href="#"><u>16 KB</u></a>       |
| 116 | Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102  | Not Yet Available  |
| 117 | Quarterly Expenditure Report, Clinical Laboratory Improvement Amendments Program, CMS-103  | Not Yet Available  |
| 118 | Budget Notice of Approval, Clinical Laboratory Improvement Amendments Program, CMS-104   | Not Yet Available  |
| 119 | Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105   | Not Yet Available  |
| 120 | Standard Form 1199A, Direct Deposit Sign-Up Form   | Not Yet Available  |
| 121 | Payment Management System, SMARTLINK II, User's Manual   | Not Yet Available  |
| 122 | OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments                           | Not Yet Available  |
| 123 | Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)  |  <a href="#"><u>CMS Forms</u></a>   |
| 124 | Laboratory Personnel Report, CMS-114   | Not Yet Available  |
| 125 | Clinical Laboratory Application, CMS-116   |  <a href="#"><u>CMS Forms</u></a> |
| 126 | Model Letter Covering Self-Attestation Worksheets  |  <a href="#"><u>87 KB</u></a>     |
| 127 | Attestation Statement for Exclusion from PPS   |  <a href="#"><u>78 KB</u></a>     |
| 128 | Model Consent for Hospice Home Visit   |  <a href="#"><u>75 KB</u></a>     |
| 129 | Hospice Survey and Deficiencies Report, CMS-643  |  <a href="#"><u>CMS Forms</u></a> |
| 130 | Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services |  <a href="#"><u>18 KB</u></a>     |
| 131 | Community Mental Health Center Crucial Data Extract  |  <a href="#"><u>110 KB</u></a>    |
| 132 | Public Health Service Act-Section 1916(c)(4)   |  <a href="#"><u>82 KB</u></a>     |
| 133 | Health Insurance Benefit Agreement   |  <a href="#"><u>80 KB</u></a>     |
| 134 | Model Letter: Letter Transmitting Materials to Rural Primary Care Hospitals (RPOCHs)   |  <a href="#"><u>89 KB</u></a>     |
| 135 | Model Letter: Notification of Rural Primary Care Hospital Regarding Scheduling a Survey  |  <a href="#"><u>93 KB</u></a>     |













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| 136 | Request for Survey of 42 CFR §489.20 and 42 CFR §489.24, Essentials of Provider Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A |  <a href="#">CMS Forms</a> |
| 137 | Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B  |  <a href="#">CMS Forms</a> |
| 138 | Physician Review Outline for Emergency Care Obligations of Medicare Hospitals  |  <a href="#">150 KB</a>    |
| 139 | Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit)   |  <a href="#">46 KB</a>     |
| 140 | Model Letter Notifying Provider of Acceptance of Allegation of Compliance  |  <a href="#">16 KB</a>     |
| 141 | Model Letter Notifying Provider of Results of Revisit  |  <a href="#">20 KB</a>     |
| 142 | Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist)  |  <a href="#">28 KB</a>     |
| 143 | Model Letter to Provider (Imposition of Remedies)  |  <a href="#">51 KB</a>     |
| 144 | Notice of Imposition of a Civil Money Penalty (Insert to formal notice)  |  <a href="#">13 KB</a>    |
| 145 | Notification of Change in the Amount of the Civil Money Penalty  |  <a href="#">26 KB</a>   |
| 146 | Notice of Receipt of the Written Request of of Waiver of Right to a Hearing  |  <a href="#">14 KB</a>   |
| 147 | Notice of Payment Amount Due and Payable   |  <a href="#">15 KB</a>   |
| 148 | Notification of Deduction of Civil Money Penalty from Money Owing to the Provider  |  <a href="#">14 KB</a>   |
| 149 | Model Letter: EACH Approval Notification   |  <a href="#">16 KB</a>   |
| 150 | Model Letter: RPCH Approval Letter Notification  |  <a href="#">22 KB</a>   |
| 151 | Model Letter: EACH Denial Letter   |  <a href="#">19 KB</a>   |
| 152 | Model Letter: RPCH Denial Letter   |  <a href="#">23 KB</a>   |
| 153 | Notice of Technical Denial - Certificate of Need Denied  | Deleted   |
| 154 | Notice of Initial Approval of End - State Renal Disease (ESRD) Facility  |  <a href="#">32 KB</a>   |
| 155 | End-Stage Renal Disease (ESRD) Denial Notice   |  <a href="#">23 KB</a>   |




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| 156 | Provider Tie-In Notice, CMS-2007  |  <a href="#">CMS Forms</a> |
| 157 | Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility        |  <a href="#">27 KB</a>     |
| 158 | Notice - Recertification of ESRD Facility   |  <a href="#">25 KB</a>     |
| 159 | List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals                          |  <a href="#">14 KB</a>     |
| 160 | Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives |  <a href="#">19 KB</a>     |
| 161 | Notice of Interim Approval of CAPD Services   |  <a href="#">77 KB</a>     |
| 162 | Approval Letter for Extended Care Services (Swing-Beds) in Hospitals (50 - 99 Beds)                         |  <a href="#">25 KB</a>     |
| 163 | Notice to SNFs that a Hospital Has Been Approved to Provide Extended Care Services (Swing-Bed Services)     |  <a href="#">23 KB</a>     |
| 164 | RO Adjudication of SA Certification Actions   |  <a href="#">107 KB</a>    |
| 165 | Notice to a Provider that Agreement Was Accepted  |  <a href="#">75 KB</a>   |
| 166 | Notice of Approval of Supplier of Services  |  <a href="#">75 KB</a>   |
| 167 | CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement                                 | Not Yet Available   |
| 168 | Organ Procurement Organization Report Form  |  <a href="#">97 KB</a>   |
| 169 | United Network for Organ Sharing Members  | Not Yet Available   |
| 170 | Model Letter A: Organ Procurement Organization Denial - Failure to Meet Requirements                        |  <a href="#">76 KB</a>   |
| 171 | Model Letter B: Organ Procurement Organization Denial - Competing Applications                              |  <a href="#">28 KB</a>   |
| 172 | Model Letter: Organ Procurement Organization Approval   |  <a href="#">15 KB</a>   |
| 173 | Model Letter: Organ Procurement Organization Notice of Termination  |  <a href="#">17 KB</a>   |
| 174 | Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies          |  <a href="#">14 KB</a>   |













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| 175 | Model Letter: Organ Procurement Organization Notice to Bordering OPOs   |  <a href="#"><u>15 KB</u></a>   |
| 176 | Model Letter: Organ Procurement Organization Corrective Action Notice   |  <a href="#"><u>15 KB</u></a>   |
| 177 | Attestation Statement for Federally Qualified Health Centers  |  <a href="#"><u>16 KB</u></a>   |
| 178 | Federally Qualified Health Center Crucial Data Extract  |  <a href="#"><u>83 KB</u></a>   |
| 179 | Model Letter to Applicants for Participation in Medicare as a Federally Qualified Health Center   | Deleted  |
| 180 | Notice to Accredited Psychiatric Hospital of Involuntary Termination  |  <a href="#"><u>80 KB</u></a>   |
| 181 | Notice to Hospital Provider of Involuntary Termination  |  <a href="#"><u>19 KB</u></a>   |
| 182 | Notice of Termination to Supplier   |  <a href="#"><u>16 KB</u></a>   |
| 183 | Model Public Notice of Medicare Termination of Providers Agreement  |  <a href="#"><u>4 KB</u></a>    |
| 184 | Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144   | Not Yet Available  |
| 185 | Model Telegram-Notice of Termination to a Medicaid ICF/MR Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety |  <a href="#"><u>18 KB</u></a> |
| 186 | Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)  |  <a href="#"><u>76 KB</u></a> |
| 187 | Notification to Previously Approved Supplier of a Pending Termination   |  <a href="#"><u>15 KB</u></a> |
| 188 | Notification: Voluntary Termination of Provider Agreement Approved  |  <a href="#"><u>18 KB</u></a> |
| 189 | Notification: Approval of Voluntary Termination of a Supplier   |  <a href="#"><u>14 KB</u></a> |
| 190 | Notification to Provider That Has Ceased or Is Ceasing Operations   |  <a href="#"><u>79 KB</u></a> |
| 191 | Notification to Supplier That Has Ceased or is Ceasing Operations   |  <a href="#"><u>15 KB</u></a> |
| 192 | Acknowledgment of Request for Hearing   |  <a href="#"><u>14 KB</u></a> |
| 193 | Model Letter Informing PPS-Excluded Hospital/Units That Reverification Has Been Approved  |  <a href="#"><u>14 KB</u></a> |

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| 194 | Model Letter Announcing Compliance with all Surveyed Medicare Conditions of Participation After a Sample Validation or Substantial Allegation Survey   |  <a href="#"><u>18 KB</u></a>   |
| 195 | Model Telegram Notice Announcing to an Accredited Hospital That the Hospital Does Not Comply with all the Conditions of Participation and That There is Immediate or Service Threat to Patient Health and Safety |  <a href="#"><u>80 KB</u></a>   |
| 196 | Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That the Hospital Does Not Comply with all Conditions of Participation   |  <a href="#"><u>27 KB</u></a>   |
| 197 | Notice to Accredited Hospital Announcing Approval of Plan of Correction and Completion Schedule  |  <a href="#"><u>76 KB</u></a>   |
| 198 | Model Letter Announcing Compliance with all Conditions of Participation after the Effectuation of an Acceptable Plan of Correction   |  <a href="#"><u>76 KB</u></a>   |
| 199 | Model Letter Announcing to Accredited Hospital after a Substantial Allegation Survey that the Hospital does not Comply with all Conditions of Participation  |  <a href="#"><u>83 KB</u></a>   |
| 200 | Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation not warranted  |  <a href="#"><u>15 KB</u></a>  |
| 201 | Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation warranted  |  <a href="#"><u>14 KB</u></a> |
| 202 | Model Letter Requesting Physician Review of Possible Violation of 42 CFR 489.24  |  <a href="#"><u>26 KB</u></a> |
| 203 | Model Letter Following Investigation Into Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Facility In Compliance   |  <a href="#"><u>15 KB</u></a> |
| 204 | Model Letter For Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat  |  <a href="#"><u>21 KB</u></a> |
| 205 | Model Letter For Violation of 42 CFR 489.20 And/Or The Related Requirements of 42 CFR 489.24: Preliminary Determination Letter (90 Day Termination Track)  |  <a href="#"><u>29 KB</u></a> |
| 206 | Model Letter To Complaint Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The   |  <a href="#"><u>14 KB</u></a> |

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|     | Related Requirement of 42 CFR 489.20 Complaint Not Substantiated   |  |
| 207 | Model Letter To Complaint Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated |  <a href="#"><u>15 KB</u></a>   |
| 208 | Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General   |  <a href="#"><u>25 KB</u></a>   |
| 209 | Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights  |  <a href="#"><u>16 KB</u></a>   |
| 210 | Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination   |  <a href="#"><u>18 KB</u></a>   |
| 211 | Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination   |  <a href="#"><u>34 KB</u></a>   |
| 212 | Model Letter Requesting PRO Review of A Confirmed Violation of 42 CFR 489.24 For Purpose of Assessing Civil Monetary Penalties (CMPs) Or Excluding Physicians    |  <a href="#"><u>26 KB</u></a>   |
| 213 | State Test Administration Plan   |  <a href="#"><u>59 KB</u></a> |
| 214 | Model Letter Announcing to State Survey Agency the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT)                 |  <a href="#"><u>23 KB</u></a> |
| 215 | Notification to Provider/Supplier Warning of Possible Termination--Failure to Disclose Financial Interest and Ownership Information                              |  <a href="#"><u>24 KB</u></a> |
| 216 | Report on Initial Survey Activity  | Not Yet Available  |
| 217 | Aging Report on Pending Initial Survey Activity  | Not Yet Available  |
| 218 | Prerelease Notification Document   | Not Yet Available  |
| 219 | Model Audit Disallowance Letter - Title XVIII  |  <a href="#"><u>24 KB</u></a> |
| 220 | Model Audit Disallowance Letter - Title XIX  |  <a href="#"><u>25 KB</u></a> |
| 221 | Example of Regular Disallowance Letter   |  <a href="#"><u>26 KB</u></a> |
| 222 | Audit Clearance Document   | Not Yet Available  |
| 223 | Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies                                    |  <a href="#"><u>15 KB</u></a> |

















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| 224 | Model Letter: Announcing to Accredited Laboratory That It Is In Compliance With All Conditions After The Correction of Deficiencies   |  <a href="#">15 KB</a>   |
| 225 | Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey   |  <a href="#">17 KB</a>   |
| 226 | Accredited Laboratory Allegation(s) Report, CMS-2878A   | Not Yet Available   |
| 227 | Model Letter: Announcing to the CLIA-Exempt Laboratory After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Application Program Requirements  |  <a href="#">19 KB</a>   |
| 228 | Model Letter: Announcing to the State Laboratory Program, After A Sample Validation or Substantial Allegation of Noncompliance Survey That a CLIA-Exempt Laboratory Does Not Comply With Applicable Program Requirements                          |  <a href="#">18 KB</a>   |
| 229 | Model Letter: Announcing to the CLIA-Exempt Laboratory, That CMS Will Seek a Temporary Injunction or Restraining Order  |  <a href="#">18 KB</a>   |
| 230 | Model Letter: Announcing to the State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or Restraining Order to Enjoin Continued Operation   |  <a href="#">18 KB</a> |
| 231 | Model Letter: Announcing to the CLIA-Exempt Laboratory, After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Applicable Program Requirements (No Immediate Jeopardy)                          |  <a href="#">19 KB</a> |
| 232 | Model Letter: Announcing to the State Laboratory Program, After a Sample Validation or Substantial Allegation of Noncompliance Survey, That a CLIA-Exempt Laboratory Does Not Comply With Applicable Program Requirements (No Immediate Jeopardy) |  <a href="#">18 KB</a> |
| 233 | Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer   |  <a href="#">52 KB</a> |
| 234 | CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy   |  <a href="#">20 KB</a> |
| 235 | Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.  |  <a href="#">21 KB</a> |
| 236 | Notice of Imposition of Sanction(s):  |  <a href="#">15 KB</a> |

## Acknowledgment of Information Received

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| 237 | Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey or a Substantial Allegation of Noncompliance Survey That It Does Not Comply with all CLIA Conditions and That There Exists, Immediate Jeopardy to the Health and Safety of Individuals or That of the General Public |  <a href="#"><u>96 KB</u></a>       |
| 238 | Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey That the Laboratory Does Not Comply With All the CLIA Conditions- No Immediate Jeopardy  |  <a href="#"><u>38 KB</u></a>       |
| 239 | Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667   |  <a href="#"><u>CMS Forms</u></a>   |
| 240 | Notice of Proposed Limitation of the CLIA Certification and Suspension of Medicare Payments When a Laboratory Has Failed to Participate Successfully in a Proficiency Testing Program  |  <a href="#"><u>23 KB</u></a>       |
| 241 | Model Letter: Announcing to Accredited Laboratory After a Substantial Allegation of Noncompliance Survey That the Laboratory Does Not Comply With All CLIA Conditions (Complaint)  |  <a href="#"><u>38 KB</u></a>       |
| 242 | Request for Validation of Accreditation Survey for Laboratories, CMS-2802A   |  <a href="#"><u>CMS Forms</u></a> |
| 243 | Model Letter: Announcing to a CLIA Exempt Laboratory That It Is In Compliance With the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey   |  <a href="#"><u>17 KB</u></a>     |
| 244 | Model Letter: Announcing to the State Laboratory Program, That A CLIA-Exempt Laboratory is in Compliance with the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey  |  <a href="#"><u>15 KB</u></a>     |
| 245 | CLIA Adverse Action Extract, CMS-462A/B  |  <a href="#"><u>CMS Forms</u></a> |
| 246 | Model Letter: Regional Office Notifying a State-Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction  |  <a href="#"><u>32 KB</u></a>     |
| 247 | Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy  |  <a href="#"><u>16 KB</u></a>     |
| 248 | Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for  |  <a href="#"><u>20 KB</u></a>     |








a Hearing - No Immediate Jeopardy

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| 249  | Model Letter: To Be Sent To The Laboratory in Conjunction With the Notice of Sanction, In Order to Officially Inform the Laboratory that the Responsibility Lies With the Laboratory to Achieve Compliance, Even if They Have Successfully Completed the Directed Plan of Correction |  <a href="#">16 KB</a>                       |
| 250  | Notice of the Reissuance of a CLIA Certificate In Order to Keep a Laboratory Operational if it is Due to Expire Prior to the Administrative Hearing  |  <a href="#">16 KB</a>                       |
| 251  | Model Letter: Offering the Opportunity for a Reconsideration of the Addition of Specialties or Subspecialties by a Laboratory is Denied by CMS   |  <a href="#">17 KB</a>                       |
| 252  | Model Letter: To Laboratory Director to Accompany the AQAS Instrument  |  <a href="#">17 KB</a>                       |
| 253  | Reserved for SAQIP   | Not Yet Available   |
| 254  | Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied   |  <a href="#">28 KB</a>                       |
| 255A | Model Letter: Notification of Pending Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application  |  <a href="#">30 KB</a>                      |
| 255B | Model Letter: Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application  |  <a href="#">34 KB</a>                     |
| 256  | Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application   |  <a href="#">Provider Enrollment Forms</a> |
| 257  | Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application   |  <a href="#">Provider Enrollment Forms</a> |
| 258  | Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application   |  <a href="#">Provider Enrollment Forms</a> |
| 259  | Minimum Data Set Automation Contract/Agreement Approval RO Checklist   |  <a href="#">16 KB</a>                     |
| 260  | MDS Key Field Correction Form  |  <a href="#">43 KB</a>                     |
| 261  | Privacy Act Statement - Health Care Records  |  <a href="#">22 KB</a>                     |

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| 262 | Overview of MDS Version 2.0 Correction Policy for Locked Records   |  <a href="#">29 KB</a>     |
| 263 | Maximum Time Frames for MDS Completion, Data Entry, Editing, Locking and Transmission                    |  <a href="#">50 KB</a>     |
| 264 | Resident Census and Conditions of Residents - CMS-672  |  <a href="#">CMS Forms</a> |
| 265 | Roster/Sample Matrix - CMS-802   |  <a href="#">CMS Forms</a> |
| 266 | Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P                            |  <a href="#">CMS Forms</a> |
| 267 | Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S                       |  <a href="#">CMS Forms</a> |
| 268 | Facility Characteristics   | Not Yet Available   |
| 269 | Facility Quality Indicator Profile   | Not Yet Available   |
| 270 | Resident Level Summary   | Not Yet Available   |
| 271 | Quality Indicator Matrix   | Not Yet Available   |
| 272 | Overview of MDS Submission Record  |  <a href="#">25 KB</a>   |
| 273 | Correction Policy Summary Matrix   |  <a href="#">69 KB</a>   |
| 274 | Definition of Selected Dates in the RAI Process  |  <a href="#">24 KB</a>   |
| 275 | Attestation Statement for CMHCs  |  <a href="#">15 KB</a>   |
| 276 | Health Insurance Benefit Agreement for CMHCs   | Deleted   |
| 277 | Fiscal Intermediary (FI) Provider Billing Number Deactivation Letter Used by FI                          |  <a href="#">17 KB</a>   |
| 278 | Model Denial Letter for CMHC Applicants - State Restrictions on Screening                                |  <a href="#">17 KB</a>   |
| 279 | Model Letter - Notice of Findings for Noncompliance for CMHCs  |  <a href="#">22 KB</a>   |
| 280 | Model Letter - Notice of Termination of Provider Agreement for CMHCs                                     |  <a href="#">27 KB</a>   |
| 281 | Model Letter - CMHC That Has Ceased Operation  |  <a href="#">17 KB</a>   |
| 282 | Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including |  <a href="#">48 KB</a>   |



Threshold and Service Requirements)

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| 283  | Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs                                   |  <u>35 KB</u>   |
| 284  | Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office                                   |  <u>28 KB</u>   |
| 285  | Worksheet for OBQM & OBQI Reports  |  <u>164 KB</u>  |
| 286  | Hospital/CAH Medicare Database Worksheet   |  <u>176 KB</u>  |
| 287  | Authorization For Accreditation Organization To Release The Most Recent Accreditation Survey For A Hospital Or A CAH |  <u>26 KB</u>   |
| 288  | Surveyor Worksheet For Swing-Beds  |  <u>351 KB</u>  |
| Download zipped MSWord file of all available exhibits other than forms |  |  <u>1172 KB</u> |